

CLAIMS ONLY

Application Number

161595469

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
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12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21		2				
22						
23	1					
24						
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33						
34						
35		2				
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42						
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45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	11					
Total Claims	19					

*	Indep	Depend	*	Indep	Depend	*
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						